

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

PNEUMOCOCCAL

VACCINES TO PREVENT PNEUMOCOCCAL DISEASE

The purpose of this resolution is to add pneumococcal conjugate vaccine to the Vaccines for Children Program and to consolidate the previous resolution pertaining to pneumococcal polysaccharide vaccine (2/99-1) into this resolution. This resolution does not make any substantive changes to the previous pneumococcal polysaccharide vaccine resolution, except the following:

1. *Clarifies the use of pneumococcal polysaccharide vaccine vs. pneumococcal conjugate vaccine.*
2. *Clarifies which chronic illnesses indicate use of pneumococcal polysaccharide vaccine.*

VFC resolution 2/99-1 is repealed and replaced by the following:

A. CONJUGATE VACCINE TO PREVENT PNEUMOCOCCAL DISEASE **Eligible Groups**

All infants and children at least six weeks of age through 59 months old.

Groups identified by ACIP as being at highest risk include infants, toddlers through 24 months old, children with sickle cell disease or anatomic asplenia, chronic illnesses, immunocompromising conditions, or HIV infection; and groups at moderate risk include toddlers 24-35 months old, children of African American, American Indian, and Alaska Native descent, and children who attend out of home child care between 35 and 59 months old.

Recommended Pneumococcal Conjugate Vaccine Schedule

Recommended schedules for pneumococcal conjugate vaccine vary with the age of the child and the presence of underlying conditions.

- **All children should receive a 3 dose primary series and a booster dose if vaccination is begun at ≤ 6 months of age; a 2 dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2 dose primary series and no booster if vaccination is begun between 12 and 23 months of age.**
- **If vaccination is initiated at >23 months of age:**
 - **Healthy children should receive a single dose of vaccine.**
 - **Children with functional or anatomic asplenia, HIV infection or AIDS, chronic illnesses (chronic cardiopulmonary disease excluding asthma, diabetes mellitus, or CSF leak), immunocompromising conditions (malignancies, chronic renal failure, nephrotic syndrome, or organ transplant) or who are receiving immunocompromising medications should receive 2 doses of pneumococcal conjugate vaccine.**

Children, 24-59 months who have received the pneumococcal conjugate vaccine and have functional or anatomical asplenia, immunocompromising illness or medications, or chronic illness should receive a single dose of polysaccharide vaccine after conjugate vaccination.

American Indian and Native Alaskan children, 24-59 months, who have received the pneumococcal conjugate vaccine may receive a single dose of polysaccharide vaccine after conjugate vaccination.

Dosage Intervals for Pneumococcal Conjugate Vaccine

The recommended interval between doses of the primary series is 2 months; the minimal interval between doses is 4 weeks. Vaccination should not begin earlier than 6 weeks of age.

The booster dose should be administered between 12 and 15 months of age. For children who receive their primary vaccination series between 6 and 11 months of age, the recommended interval before the booster dose is 2 months and the minimal interval is 4 weeks after the second dose of the primary series.

Where pneumococcal polysaccharide vaccine is recommended following conjugate vaccination, the recommended and minimal interval between the conjugate and the polysaccharide vaccine is 2 months.

Recommended Dosages

Refer to product package inserts.

Contraindications and Precautions

The following conditions are contraindications to the administration of pneumococcal conjugate vaccine:

1. **Allergy to vaccine components**
Anaphylactic reaction to the vaccine or a constituent of the vaccine.
2. **Acute, moderate or severe illnesses with or without fever**

B. POLYSACCHARIDE VACCINE TO PREVENT PNEUMOCOCCAL DISEASE

Eligible Groups

Children and adolescents aged 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (as specified above), who are Alaskan Native or American Indian, or who have received a bone marrow transplant.

Recommended Pneumococcal Polysaccharide Vaccine Schedule

One dose of pneumococcal polysaccharide vaccine is recommended for children and adolescents who are at least 2 years of age and at high risk, as listed under Eligible Groups.

For children who are immunocompromised or who have functional or anatomical asplenia: if the child is ≤ 10 years old, a single revaccination is recommended 3 years after the previous dose; if the child is > 10 years old, a single revaccination is recommended if ≥ 5 years have elapsed after the previous dose.

Dosage Intervals for Pneumococcal Polysaccharide Vaccine

For a child who has received the pneumococcal conjugate vaccine and is >2 years old, the recommended and minimal interval between the conjugate and polysaccharide is 2 months.

For children in specified high risk groups, the recommended interval between a first and second dose of polysaccharide vaccine is 3 or 5 years (see Recommended Pneumococcal Polysaccharide Vaccine Schedule, above).

Refer to product package inserts.

Recommended Dosages Contraindications and Precautions

The following conditions are contraindications to the administration of pneumococcal polysaccharide vaccine:

1. **Allergy to vaccine components**

Anaphylactic reaction to the vaccine or a constituent of the vaccine.
2. **Acute, moderate or severe illnesses with or without fever**

The following conditions are precautions to receipt of pneumococcal polysaccharide vaccine:

1. **Pregnancy**
It is prudent on theoretical grounds to avoid vaccinating pregnant women.

Adopted and Effective: June 21, 2000